

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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1. Agency Name <u>Office of Councilmember Paul Perez</u> Division, Department, or Region (If Applicable) <u>District 3</u> Designated Agency Contact (Name, Title) <u>Patricia Ceja</u> Area Code/Phone Number <u>408-535-4929</u> E-mail <u>patricia.ceja@sanjoseca.gov</u>		Date Stamp 2016 SEP 20 PM 2:05 GP OTC	California Form 802 For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)			

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 179.50

Event Description Drake Date(s) 9/24/16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Area Authority
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: _____
Official's Name (Last, First)

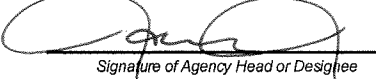
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>SJ Digital Arts Program</u>	<u>16</u>	<u>Recognition</u>

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Raul Perez
Councilmember
9/19/16
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: _____